

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041347

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 356 Primary Registration District No. 6209 Registrar's No. 105

FILED NOV 7 1962

## 1. PLACE OF DEATH

a. COUNTY

Texas

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Texasb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Piney Twp.Length of stay in 1b  
8yrs.c. CITY  
OR TOWN Piney Twp.Inside Limits  
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTIONInside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

AGNES

Middle

CATHERINE

Last

STANTON

4. DATE  
OF DEATH

Month

Nov.

Day

1

Year

1962

## 5. SEX

Female

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11-29-1909

## 9. AGE (last birthday)

52

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Henry County, Ind.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

John Hutson

## 13b. MOTHER'S MAIDEN NAME

## 14. NAME OF HUSBAND OR WIFE

Charles V.

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
no

## 16. SOCIAL SECURITY NO.

none

## 17. INFORMANT

Address

Charles V. Stanton, Houston, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

ACUTE CORONARY OCCLUSION

## INTERVAL BETWEEN ONSET AND DEATH

50 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-20-62 to 11-1-62 and last saw her alive on 10-23-62Death occurred at 3:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial23b. DATE  
11-4-62

23c. NAME OF CEMETERY OR CREMATORY

Pine Lawn

23d. LOCATION (City, town, or county)

Houston,Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

Raymond E. Duff, Houston, Mo.

25. DATE RECD. BY LOCAL REG.

11-3-62

26. REGISTRAR'S SIGNATURE

Myrtle Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1/070

2/070

3

4 1

5 1

6

7 1

8 2

9/20/1

10

11

12/90-0

13/4-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Fred W. Barnes*

Licensed Embalmer No. \_\_\_\_\_

*4614*

P. O. Address \_\_\_\_\_

*Houston, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.